

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 15740

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 - 10 o'clock Am.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Stetson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } male

Age, 40 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Ship Smith

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 20

Undertaker, Wm. McKenna & Sons

Place of Business, 221 S. Eutamia St

Chas. A. Ray

M. D.

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1574

Office of Registrar of Vital Statistics.

Ward 12

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CERTIFICATE OF DEATH.



Date of Death, July 18, 1887

Full Name of Deceased, Charlotte Jacobs
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 66 Years, 7 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 years

Place of Death, 574 Walnut Alley
{ Give Street and Number. }

Cause of Death, Cholera Mortalis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20

Undertaker, Walter Linnell

J. C. Hammer M. D.
Medical Attendant.

Place of Business, 594 W. Biddle St. Address, 212 Franklin St.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to ²⁰ Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1542 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ^{accurately filled out,} to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, for ^{sooner,} if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 / 87

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Dulcia Lennox

Sex, ~~Male~~ or Female, ^{Cross out the word not required in this line.}

Age, about 30 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, ^{Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, ^{Give Street and Number.} 2345 Wayne St.

Cause of Death, ^{First (Primary),} Phthisis Pulmonalis
^{Second (Immediate),} aschemia

Duration of Last Sickness, about 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp & cemetery

Date of Burial, July 20 1887

Undertaker, Hercules Ross

Place of Business, 404 Conway St

Address, 635 Hanover St

W. S. Smith M. D.
Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1043 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 18 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmine Schuler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, — Months, B Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 417 S. Ann St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia Croupus
Heart failure

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, July 20th 1887 Frank C. Bress M. D.

{ Undertaker, Fred Gaede Medical Attendant. }

{ Place of Business, 108 S. Caroline Address, 1711 Dan St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1544

Office of Registrar of Vital Statistics.

Ward

2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or as soon as requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary H. Ecker

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age,

Years,

7

Months,

4

Days.

Color,

White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No 719 S Broadway

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

Six hours

All the above information should be furnished by the Physician.

Place of Burial,

1st German Cemetery

Date of Burial,

20th July

Undertaker,

Wm. Nicholas

Thomas B. Evans - M. D.
Medical Attendant.

Place of Business,

1715 S Broadway address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No.

A 1543

Office of Registrar of Vital Statistics.

Ward

19

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 19th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Manda W. Hall

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

6 Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Kentucky

Duration of Residence in the City of Baltimore,

16 years

Place of Death,

Give Street and Number.

W. Cor. Summit & Patterson Ave

Cause of Death,

First (Primary),

Second (Immediate)

Old Age
Prostration from heat

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial,

Friend's Burying Ground

Date of Burial,

July 21st 1887

Undertaker,

Henry W. Mears

Place of Business,

413 E. Lexington St

Address,

345 N. Charles St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 19, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Reineberg

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

18

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

{ Care Street and Number. }

834 N. Fayette St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Icterus

Duration of Last Sickness,

18 days

All the above information should be furnished by the Physician.

Place of Burial,

Chet. Scholium

Date of Burial,

July 20th 1887

{ Undertaker,

J. D. Southerin

{ Place of Business,

120 N. Greene St

Address,

763 N. Fayette St

C. M. Neff

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No.

A 1547

Office of Registrar of Vital Statistics.

Ward

20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 18 / 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emily Clarke

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

60

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Wife -

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

A.A. Co Ind.

Duration of Residence in the City of Baltimore,

8 years.

Place of Death,

{ Give Street and Number. }

154 W. Laurel

Cause of Death,

{ First (Primary),

Second (Immediate),

Phthisis Pulmonalis

Duration of Last Sickness,

5 years

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park

Date of Burial,

July 21 / 87

{ Undertaker,

Denny & Mitchell

Thomas Opie M. D.

Medical Attendant.

{ Place of Business,

1201 N. Fayette

Address,

600 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

348

Office of Registrar of Vital Statistics.

Ward

19

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CERTIFICATE OF DEATH

Date of Death,

July 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clara M. Blanch

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 16 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. }

129 N. Fulton Av.

Cause of Death, { First (Primary), Second (Immediate), }

Typhs - dysentery
Prostration

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 21/87

Undertaker, Henry & Mitchell

Place of Business, 1201 N. Fayette

G. S. W. Lenthorn M. D.
Medical Attendant

Address, 1327 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1549

Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH

JUL 20 1887

Date of Death, July 20

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annice M. Michael

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 17

Place of Death, { Give Street and Number. } 1304 William St

Cause of Death, { First (Primary), Second (Immediate), } Pleurisy Pulmonum
Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, July 22 1887

{ Undertaker, Bernard Harle

{ Place of Business, 115 West St.

R. P. Ellis M. D.

Medical Attendant.

Address, 815 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]